

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021321

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1506

FILED JUN 7 1962

## 1. PLACE OF DEATH

a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Pine LawnLength of stay in 1b  
4 Monthsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Shamrock Nursing HomeInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTYc. CITY OR TOWN St. LouisInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2829a IndianaReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
JOHNMiddle  
P.Last  
GAHAN

4. DATE OF DEATH

Month  
5Day  
15Year  
625. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
10/31/889. AGE (last birthday)  
73IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laborer10b. KIND OF BUSINESS OR INDUSTRY  
Retired11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Martin Gahan

## 13b. MOTHER'S MAIDEN NAME

Bridgett Kennedy

## 14. NAME OF HUSBAND OR WIFE

Hazel (Dec'd)15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, none, unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
James Gahan, 7520 Santa Monica

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MelanomaINTERVAL BETWEEN ONSET AND DEATH  
unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a)

Arteriosclerotic Cardiovascular disease, Old stroke

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 12, 1962 to May 15, 1962 and last saw him alive on 5-18-62  
Death occurred at 5:35 P.M. m of the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Lewis Wetmann MD

## 22b. ADDRESS

823 Clayton Rd / 17

## 22c. DATE SIGNED

5/18/6223a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal23b. DATE  
5/19/6223c. NAME OF CEMETERY OR CREMATORY  
Calvary Cemetery23d. LOCATION (City, town, or county)  
St. Louis, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

McLAUGHLIN'S, 2301 Lafayette

## 25. DATE RECD. BY LOCAL REG.

5-18-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James R. Chapman*

Licensed Embalmer No.

*4550*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED\* EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.